

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KX	70001	12/03
O.I.P.E. CLASSIFIER			01-06-00
FORMALITY REVIEW	unmd	08231	1-12-00
RESPONSE FORMALITY REVIEW	unmd	08231	3-14-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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